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4.

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section  
Division of Corporations

SUBJECT: LANDMARK INSURANCE AGENCY, INC.

(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

800003220518--1

-04/24/00--01095--011

\*\*\*\*\*87.50 \*\*\*\*\*87.50

MICHAEL G. BOTTEY

(Name of Person)

LANDMARK INSURANCE AGENCY, INC.

(Firm/Company)

9403 BATTLE STREET

(Address)

MANASSAS, VA 20110

(City/State/Zip)

Should you need to call someone concerning this matter, please call:

MICHAEL G. BOTTEY

(Name of Person)

at ( 703 ) 354-9566 X 224

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Qualification Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

☐ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &  
Certificate of Status

☐ \$78.75 Filing Fee &  
Certified Copy

☒ \$87.50 Filing Fee,  
Certificate of Status &  
Certified Copy

FILED  
00 MAR 24 AM 10 37  
TALLAHASSEE, FL  
SECRETARY OF REVENUE

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4/28

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. LANDMARK INSURANCE AGENCY, INC.  
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. VA  
(State or country under the law of which it is incorporated)
3. 541671871  
(FEI number, if applicable)
4. 7/13/1993  
(Date of incorporation)
5. Perpetual  
(Duration: Year corp. will cease to exist or "perpetual")
6. Upon Qualification  
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 9403 Battle Street  
Manassas, VA 20110  
(Current mailing address)
8. INSURANCE SALES AND SERVICE  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)
- Name: MICHAEL A. BOTTEY, JR.
- Office Address: 3575 KINGSTON HEATH CT.  
GREEN COVE SPRINGS, Florida, 32043  
(Zip code)

**10. Registered agent's acceptance:**

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

X Michael A. Bottey, Jr.  
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors: (Street address **ONLY** - P.O. Box **NOT** acceptable)

**A. DIRECTORS** (Street address only - P.O. Box **NOT** acceptable)

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS** (Street address only - P.O. Box **NOT** acceptable)

President: MICHAEL G. BOTTEY

Address: 9403 BATTLE STREET  
MANASSAS, VA 20110

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: SAME

Address: \_\_\_\_\_

Treasurer: SAME

Address: \_\_\_\_\_

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. [Signature]  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. MICHAEL G. BOTTEY  
(Typed or printed name and capacity of person signing application)

FILED  
00 MAR 24 PM 0:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# Commonwealth of Virginia



## State Corporation Commission

*I Certify the Following from the Records of the Commission:*

LANDMARK INSURANCE AGENCY, INC. is a corporation existing under and by virtue of the laws of Virginia, and is in good standing.

The date of incorporation is July 13, 1993.

Nothing more is hereby certified.

FILED  
00 MAR 24 AM 10:37  
SECRETARY OF STATE  
TALLMAGE, J. GORDON

*Signed and Sealed at Richmond on this Date:  
April 10, 2000*



*Joel H. Peck*  
Joel H. Peck, Clerk of the Commission